


IFW 1647
RCE

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL	
Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number: 09/897,438
	Filing Date: July 3, 2001
	First Named Inventor: Katsuhiko MIKOSHIBA
	Group Art Unit: 1647
	Examiner: Sharon L. TURNER
	Attorney Docket Number: 4853.0076-00000
	Attorney Customer Number: 22,852
This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 C.F.R. § 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.	
1. Submission required under 37 C.F.R. § 1.114: Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, application must request non-entry of such amendment.	
a. <input checked="" type="checkbox"/> Previously submitted. i. <input checked="" type="checkbox"/> Consider the arguments in the Amendment previously filed on <u>March 1, 2004</u> . ii. <input type="checkbox"/> Other _____ b. <input type="checkbox"/> Enclosed: i. <input type="checkbox"/> Amendment/Reply ii. <input type="checkbox"/> Affidavit(s)/Declaration(s) iii. <input type="checkbox"/> Information Disclosure Statement iv. <input type="checkbox"/> Other _____	
2. Miscellaneous a. <input type="checkbox"/> Suspension of action on the above-mentioned application is requested under 37 C.F.R. § 1.103(c) for a period of ____ months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required.) b. <input type="checkbox"/> Other _____	
3. Fees a. <input checked="" type="checkbox"/> The filing fee is calculated as follows: i. <input checked="" type="checkbox"/> \$770.00 RCE fee required under 37 C.F.R. § 1.17(e) ii. <input type="checkbox"/> Petition for extension of time for (____ Months) \$____ iii. <input type="checkbox"/> Other _____ b. <input checked="" type="checkbox"/> Check in the amount of <u>\$770.00</u> enclosed. c. <input checked="" type="checkbox"/> The Commissioner is authorized to charge any deficiencies in the filing fees, or credit any overpayments to Deposit Account No. 06-0916.	
Signature of Applicant, Attorney, or Agent Required	
Name: Jennifer L. Elliott	Reg. No.: 50,584
Signature: 	Date: April 29, 2004

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